

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584,031

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4	1					
5		1				
6	1					
7		1				
8		1				
9		1				
10	1	2				
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
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TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	7	←	←	←	←	
TOTAL CLAIMS	8					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						